SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:				PAGE	-	47 O	F	85	
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

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NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Ms. Liz Reynolds CPCU, API Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager/Southeast Region Aggregate Year-to-Date ▼ 210.00	Date of Receipt 10 04 2013 Transaction ID: A4F38D2BF47B34478A6A Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Ms. Liz Reynolds CPCU, API Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager/Southeast Region Aggregate Year-to-Date ▼ 220.00	Date of Receipt 10 18 2013 Transaction ID: A58B18086534247C1AAE Amount of Each Receipt this Period 10.00
Mr. Todd W. Rissel Mailing Address PO Box 3518 City Stamford FEC ID number of contributing federal political committee. Name of Employer e2Value, Inc. Receipt For: Primary Other (specify) ▼	State Zip Code CT 06905-0518 C Occupation CEO Aggregate Year-to-Date ▼ 1100.00	Date of Receipt 10 14 2013 Transaction ID: A0B4FD56017064F92B86 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)	•	1020.00
TOTAL This Period (last page this line number	r only)	